ART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be considered appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to add see entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing, below. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) depending on the needs of the individual case. Any comments on the amount of time required to INVENTOR'S NAME complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Street Address Assistant Commissioner for Patents, Washington D.C. 20231 City, State and ZIP Code 1. CORRESPONDENCE ADDRESS 15M2/0204 CO-INVENTOR'S NAME PAUL DAVIS WILSON, SONSINI, GOODRICH & ROSATI Street Address 650 PAGE MILL ROAD City, State and ZIP Code PALO ALTO CA 94304 Check if additional changes are enclosed DATE MAILED **EXAMINER AND GROUP ART UNIT TOTAL CLAIMS FILING DATE** APPLICATION NO. 08/435,544 05/05/95 014 HULINA, 150102/04/97 KNOWLTON, EDWARD W. First Named Applicant METHOD AND APPARATUS FOR CONTROLLED CONTRACTION OF COLLAGEN TISSUE TITLE OF INVENTION **FEE DUE** DATE DUE SMALL ENTITY **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE ATTY'S DOCKET NO KNOW-1001 424-400.000 J22 UTILITY YES \$645.00 05/05/97 4. For printing on the patent front 3. Correspondence address change (Complete only if there is a change) 1 WILSON SONSINI GOODRICH page, list the names of not more than 3 registered patent attorneys or agents & ROSATI OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: 6a. The following fees are enclosed: Advance Order - # of Copies ☐ Issue Fee (2) ADDRESS: (CITY & STATE OR COUNTRY) 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 23-2415 (#15867-704) (ENCLOSE A COPY OF THIS FORM) Issue Fee Advance Order - # of Copies A. This application is NOT assigned. Any Deficiencies in Enclosed Fees Assignment previously submitted to the Patent and Trademark Office. THE COMMISSIONER OF PATENTS AND TRADEMARKS IS Assignment is being submitted under separate cover. Assignments should be ee to the application identified above. requested to apply the issue ( directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing NOTE; The Issue Fee will not be accepted from anyone other than the an assignment. applicant; a registered attorney or agent; or the assignee or other party Interest as shown by the records of the Patent and Trademark Office **Certificate of Mailing** Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficent postage as first class mail in **Box ISSUE FEE** an envelope addressed to: Assistant Commissioner for Patents Washington, D.C. 20231 06/10/1997 LBERGER 00000142 DAB:232415 (Name of person mag

1. TRANSMIT THIS FORM WITH FEE

(Signature) (Date)